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PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:		Attorney Docket No.	GR 95 P 2133
Assistant Commissioner for Patents Box Reissue Washington, DC 20231		First Named Inventor	Holger Sedlak
		Original Patent Number	6,166,952
		Original Patent Issue Date (Month/Day/Year)	12/26/2000
		Express Mail Label No.	EL608558573US
APPLICATION FOR REISSUE OF: <i>(Check applicable box)</i>		<input checked="" type="checkbox"/> Utility Patent	<input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent
APPLICATION ELEMENTS (37 CFR 1.173)			
1.	<input checked="" type="checkbox"/> Fee Transmittal Form (<i>PTO/SB/56</i>) <i>(Submit an original, and a duplicate for fee processing)</i>	7.	<input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
2.	<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8.	<input checked="" type="checkbox"/> Original U.S. Patent for surrender <input checked="" type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (<i>PTO/SB/55</i>)
3.	<input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (<i>amended, if appropriate</i>)	9.	<input checked="" type="checkbox"/> Foreign Priority Claim (<i>35 U.S.C. 119</i>) <i>(if applicable)</i>
4.	<input checked="" type="checkbox"/> Drawing(s) (<i>proposed amendments, if appropriate</i>)	10.	<input type="checkbox"/> Information Disclosure Statement (<i>IDS</i>)/ <i>PTO-1449</i> <input type="checkbox"/> Copies of <i>IDS</i> Citations
5.	<input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) <i>(37 C.F.R. § 1.175) (PTO/SB/51 or 52)</i>	11.	<input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i>
6.	Original U.S. Patent currently assigned?	12.	<input type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13.	<input checked="" type="checkbox"/> Return Receipt Postcard (<i>MPEP 503</i>) <i>(Should be specifically itemized)</i>
<i>(If Yes, check applicable box(es))</i>		14.	Other:
<input type="checkbox"/> Written Consent of all Assignees (<i>PTO/SB/53</i>)		<input checked="" type="checkbox"/> Power of Attorney	
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement			

15 CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	24131 <small>(Insert Customer No. or Attach bar code label here)</small>	or <input type="checkbox"/> Correspondence address below			
Name	Lerner and Greenberg, P.A.				
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Signature		Date	2/14/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORMDocket Number (Optional)
GR 95 P 2133**Claims as Filed - Part 1**

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 18	Total Claims (37 CFR 1.16(j))	(B) 18	**** 0 =	x \$ _____ =		or	x \$ 18 = 0
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 1	* 0 =	x \$ _____ =			x \$ 80 = 0
				Basic Fee (37 CFR 1.16(h))	\$ _____		\$ 710
				Total Filing Fee	\$ _____	OR	\$ 710

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =			
Total Additional Fee					\$ _____		OR	\$ _____

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- Applicant claims small entity status. See 37 CFR 1.27.
- Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 12-1099. A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ 710.00 to cover the filing / additional fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.

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February 14, 2001

Date

LAURENCE A. GREENBERG
REG. NO. 29,308

Signature of Applicant, Attorney or Agent of Record

Laurence A. Greenberg
Typed or printed name